MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(For use with Form PTO/SB/06)

Application Number	Filing Date
New	
Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED Indep	AS FILED Depend	AFTER FIRST AMENDMENT Indep	AFTER FIRST AMENDMENT Depend	AFTER SECOND AMENDMENT Indep	AFTER SECOND AMENDMENT Depend
1	X					
2		X				
3		X				
4		X				
5		X				
6	X					
7		X				
8		X				
9		X				
10		X				
11	X					
12		X				
13		X				
14		X				
15		X				
16	X					
17		X				
18		X				
19		X				
20		X				
21		X				
22		X				
23		X				
24		X				
25		X				
26		X				
27		X				
28		X				
29	X					
30		X				
31		X				
32		X				
33		X				
34	X					
35		X				
36		X				
37		X				
38		X				
39		X				
40		X				
41		X				
42		X				
43		X				
44		X				
45		X				
46	X					
47		X				
48		X				
49		X				
50	X					
Total Indep						
Total Depend						
Total Claims						

CLAIMS	Indep	Depend	Indep	Depend	Indep	Depend
51	X		101			X
52		X	102		X	X
53	X		103			X
54	X		104		X	
55	X		105		X	
56	X		106		X	
57	X					
58	X					
59	X					
60	X					
61	X	X				
62	X					
63		X				
64		X				
65		X				
66		X				
67		X				
68		X				
69	X					
70		X				
71	X					
72	X					
73	X					
74	X					
75	X					
76	X					
77	X					
78	X					
79	X					
80		X				
81		X				
82		X				
83		X				
84	X	X				
85						
86		X				
87		X				
88		X				
89		X				
90		X				
91		X				
92	X					
93	X					
94	X	X				
95		X				
96		X				
97		X				
98		X				
99	X					
100		X				
Total Indep					37	
Total Depend					69	
Total Claims					106	